DOCUMENT RESUME

ED 363 075 EC 302 541

TITLE	Developmental Disabilities Three-Year Plan Fiscal Years 1992-1994.
INSTITUTION	Minnesota Governor's Planning Council on Developmental Disabilities, St. Paul.; Minnesota State Dept. of Administration, St. Paul.
PUB DATE	15 Mar 92
NOTE	46p.
PUB TYPE	Reports - Descriptive (141) -- Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Compliance (Legal); *Developmental Disabilities; Federal Legislation; Incidence; Long Range Planning; *Master Plans; Planning Commissions; *Program Development; *State Programs; *Statewide Planning
IDENTIFIERS	Developmental Disabled Assist Bill of Rights Act; *Minnesota

ABSTRACT

This 3-year plan for development of services for persons with developmental disabilities in Minnesota covers the period from October 1, 1991 to September 30, 1994. Such a plan is required under the federal Developmental Disabilities Assistance and Bill of Rights Act of 1990. The plan's first section describes and defines developmental disabilities; cites the number of people with developmental disabilities in Minnesota; examines how disabilities affect the lives of individuals, families, and the community where they live; and notes the intended impact of federal assistance through the Developmental Disabilities Basic State Grant Program. Section 2 describes the mission, mandate, and membership of the Governor's Planning Council on Developmental Disabilities. Section 3 discusses the environment in which programs operate; the scope of services for people with developmental disabilities; and the state departments and agencies that affect them, such as the Minnesota Department of Jobs and Training and the Minnesota Housing Finance Agency. The fourth and fifth sections present the plan review process, state plan revisions, and assurances of compliance with federal legislation. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 363 075

STATE OF MINNESOTA

THREE-YEAR PLAN

OCTOBER 1, 1991, to September 30, 1994

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

INTERDEPENDENCE

INCLUSION

CONTRIBUTION

EC 303541

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Colleen Wick

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC).

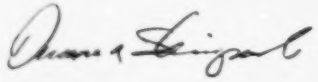
BEST COPY AVAILABLE

CONTENTS

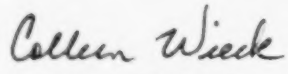
DEVELOPMENTAL DISABILITIES THREE-YEAR STATE PLAN

Fiscal Years 1992-1994

Prepared and submitted by the Governor's Planning Council on Developmental Disabilities in consultation with the Minnesota Department of Administration.



Council Chair



Council Executive Director

Submitted: August 12, 1991

Approved: October 1, 1991

Printed: March 15, 1992

Introduction 1

Section One:
Developmental Disabilities: Definitions and Impact

1.1 Definitions of Developmental Disabilities 3

1.1.1 The Federal Definition of Developmental Disability 4

1.1.2 Minnesota's Application of the Federal Definition 4

1.3 The Impact of Developmental Disabilities on Individuals, Families, and Communities in Minnesota 4

1.4 The Purpose of Federal Assistance through the Developmental Disabilities Basic State Grant Program 6

Section Two:
The Governor's Planning Council on Developmental Disabilities: Minnesota Department of Administration

2.1 The Governor's Planning Council on Developmental Disabilities 7

2.1.1 Mission and Mandate 7

2.1.2 Council Membership 7

2.2 The Administering Agency for the Developmental Disabilities Council 8

Section Three:
The State Context

3.1 The Environment in Minnesota 9

3.2 The Scope of Services for Persons with Developmental Disabilities 10

3.2.1 Protection and Advocacy 11

3.2.2 State Departments and Agencies 11

Section Four:
Plan Review and Revision

4.1 Plan Review Process 27

4.1.1 Review of Statewide Service Delivery and Other State Plans 27

4.1.2 Review of Existing Priority Area 29

4.2 State Plan Revisions 33

4.2.1 Priority Areas 33

4.2.2 Goals and Objectives 35

4.2.3 Budget Data 39

Section Five:
Assurances

5.1 Program Related 41

5.2 Administrative 42

A state plan is required by the Developmental Disabilities Assistance and Bill of Rights Act of 1990 (Public Law 101-496), Part B, "Federal Assistance for Planning Priority Area Activity for Persons with Disabilities." Under this Act, federal funds are made available to states to assist in the development of a comprehensive array of services, supports, and other assistance for persons with developmental disabilities. The plan, once approved by the Secretary of the Department of Health and Human Services, Washington, D.C., provides the basis upon which a state will participate in programs and activities under Title I, Part B of the Act.

The state of Minnesota's Three-Year Plan covers the period of October 1, 1991 to September 30, 1994. It builds on two previous documents:

THE TWO-YEAR TRANSITIONAL STATE PLAN which presented a review of the existing service delivery system for the provision of services to people with developmental disabilities and their families. Fiscal years 1990 and 1991were represented.

"1990 REPORT, THE HEART OF THE COMMUNITY IS INCLUSION" which as required by the Developmental Disabilities and Bill of Rights Act reviewed the dynamics of eligibility in Minnesota, the findings of a consumers satisfaction survey, and the insights from testimony at public hearings, and a series of recommendations.

In this section, we describe and define developmental disabilities; the number of people with disabilities in Minnesota; how disabilities affect the lives of individuals, families, and the community where they live; and the intended impact of federal assistance through the Developmental Disabilities Basic State Grant Program.

DEVELOPMENTAL DISABILITIES: DEFINITIONS AND IMPACT

1.1 Definitions of Developmental Disabilities

This document is about the lives and futures of people. The primary focus is people with developmental disabilities; but the plan also concerns everyone who lives, learns, works, and belongs in the community of Minnesota.

The most important fact about people with disabilities is that they are people with the same basic needs as others. They have the same rights, freedoms, and opportunities. Without special assistance, some people cannot take advantage of their basic rights and the opportunities their community offers; but with help, all things are possible.

Congress described the realities faced by people with developmental disabilities in our country:*

- In 1990, there were more than three million people with developmental disabilities.
- People whose disabilities occur during their developmental period frequently have severe and lifelong disabilities.
- Notwithstanding their severe disabilities, people have capabilities, competencies, personal needs and preferences.
- Family can play a central role in enhancing their lives, especially when the family is provided with necessary support services.
- People with developmental disabilities and their families often require specialized, lifelong assistance,which is coordinated by agencies and others to eliminate barriers and to meet their needs.
- Generic service agencies and agencies providing specialized services sometimes overlook, inappropriately meet the needs of, or exclude people with developmental disabilities in their planning and delivery of services.
- A substantial portion of people with developmental disabilities remain unserved or underserved.
- Public and private employers tend to be unaware of the capability of people with developmental disabilities to engage in competitive work in integrated settings.
- It is in the national interest to offer people with developmental disabilities the opportunity to make decisions for themselves and to live in typical homes in communities where they can exercise their full rights and responsibilities as citizens. [Section 101(a)]

Developmental disabilities is a term that describes the effect of impairment on peoples' lives. It describes neither the person nor their lives.

*Public Law 101-496, the Developmental Disabilities Assistance and Bill of Rights Act, 1990.

1.1.1 The Federal Definition of Developmental Disability

Federal law (Public Law (P.L.)101-496) defines a developmental disability as:

"A severe, chronic disability of a person 5 years of age or older which

- ◆ is attributable to a mental or physical impairment or combination of mental and physical impairments;
- ◆ is manifested before the person attains age twenty-two;
- ◆ is likely to continue indefinitely;
- ◆ results in substantial functional limitations in three or more of the following areas of major life activity:
  - self-care,
  - receptive and expressive language,
  - learning,
  - mobility,
  - self-direction,
  - capacity for independent living, and
  - economic self-sufficiency;
- ◆ reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided." [Section 102(5)]

Developmental disabilities results from severe chronic mental and/or physical impairments which occur at an early age. The impairments are likely to continue indefinitely, and have a pervasive effect on an individual.

1.1.2 Minnesota's Application of the Federal Definition

The Council uses the federal definition for any contractor or grant recipients in carrying out their work.

1.2 Minnesotans with Developmental Disabilities

Approximately 70,000 Minnesotans live with a developmental disability. The Council uses the figure of 1.6 percent of the state's population (4,375,099 in 1990) based on various studies of prevalence.

1.3 The Impact of Developmental Disabilities on Individuals, Families, and Communities in Minnesota

Definitions of developmental disabilities might suggest that the major impact is in terms of the challenges the disability represents to the individual and family.

The specific purpose of federal assistance, as outlined in Public Law 101-496, is:
To assist states in the development of a comprehensive system and a coordinated array of services and other assistance for persons with developmental disabilities and their families through the conduct of, and appropriate planning and coordination of, administrative activities, federal priority activities, and a state priority activity, in order to support persons with developmental disabilities to achieve their maximum potential through increased independence, productivity, and integration into the community.

Increasingly, we recognize the impact of a different and powerful dynamic. We continue to learn that the responses of society generally, and human services particularly, have a profound impact on individuals with developmental disabilities, their families, and communities.

Historically, we set people with disabilities apart as different and less than capable. These exclusionary practices fundamentally handicap people and disable communities. The patterns are systematic:

- Children grow up as strangers in their neighborhoods. Their education and recreation takes place away from their neighborhood and potential friends.
- Families go without support, or the support offered somehow suggests the family is in crisis.
- Young people and adults are seen as "unemployable" and incapable of contributing to the social and economic life of the many communities in which they live.
- When children and adults can no longer live at home with their families, they are placed in residential facilities. They live with groups of people with disabilities, and the groups are seen as different.
- Thus, people and organizations in our communities learn that special services are needed and ordinary citizens could not help "these people."

These practices give rise to exclusion and exile.

Over time, our services have been concerned with assisting people to return to and venture out into the community. For years, while preparing and training people with developmental disabilities for the community, we kept them apart until they were "ready." However, few were ever deemed "ready," and many were trapped in segregated settings.

To compound the problem, the community was not always ready, willing, and able to welcome these missing people. In many cases, the community did not know they were even missing. People with developmental disabilities have been kept apart, first for care and treatment, then for training. The community often forgets that people with developmental disabilities are a natural part of our lives.

At times, the welcoming and support of community was heartfelt. Good people did not see a disability. They saw a citizen, a neighbor, a parishioner, a student; but at times, the response was hurtful.

Much has changed over the decades. Developmental disabilities will continue to challenge individuals, families, and communities. Together, we are getting better at meeting the challenge.

The changing reality in Minnesota, and our changing vision for the future, is one of support and participation. The guiding concepts and principles for enabling people with developmental disabilities to achieve increased independence, productivity, and integration into the community must include:

- **Neighborhoods and communities that include diverse people rather than exclude specific members.**
- **Each person is a unique individual, having worth, no matter what the degree of disability.**
- **All communities depend on the capacity of people, on their fullness, on their possibility.**

1.4 The Purpose of Federal Assistance through the Developmental Disabilities Basic State Grant Program

The Developmental Disabilities Act of 1990 establishes a federally assisted state program designed:

◆ To enhance the role of the family in assisting people with developmental disabilities to achieve their maximum potential;

◆ To provide interdisciplinary training and technical assistance to professionals, paraprofessionals, family members, and individuals with developmental disabilities;

◆ To advocate for public policy change and community acceptance of all people with developmental disabilities and their families so that the necessary services, supports, and other assistance and opportunities are available;

◆ To promote the inclusion of all people with developmental disabilities;

◆ To promote the interdependent activity of all people with developmental disabilities;

◆ To recognize the contribution of all people with developmental disabilities as they share their talents at home, school, and work, and in recreation and leisure time; and

◆ To ensure the protection of the legal and human rights of people with developmental disabilities. [Section 102(b)]

Community is built upon the capacity of individuals served and not on needs. Support will be provided so that people with developmental disabilities can participate in the same settings used by other people. For children, this means supporting families whether natural, adoptive, or foster; for adults, developing the services and supports needed to live in real homes, work in real jobs in typical work settings, and to participate in regular community activities along with family, neighbors, and friends. The development of good interpersonal relationships is basic to healthy living.

From the Mission Statement of the Minnesota Governor's Planning Council on Developmental Disabilities

Our mission is to work toward assuring that people with developmental disabilities receive the necessary support to achieve increased independence, productivity, and integration into the community.

Our vision of community empowers any citizen to offer personal support and assistance. People with disabilities are not only present, but they also actively participate in regular community life.

Personal autonomy is to be promoted; every effort should be made to encourage self-determination, including maximizing opportunities for development and competence and to make choices in the pursuit of a personal future.

THE GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES

MINNESOTA DEPARTMENT OF ADMINISTRATION

2.1 The Governor's Planning Council on Developmental Disabilities

2.1.1 Mission and Mandate

The Council was established in december 1971 in accordance with the authority prescribed to the Governor of Minnesota by the Developmental Disabilities Assistance and Bill of Rights Act. [Section 122(b)(A)]

The Act requires a state planning council "to serve as an advocate for all persons with developmental disabilities by carrying out priority area activities." [Section 124(a)]

Minnesota's Council is charged with supervising the development of a state plan which describes the quality, extent, and scope of needed services provided to people with developmental disabilities. The Council monitors and evaluates the implementation of the state plan, and reviews other state agency plans for people with developmental disabilities. (Executive Order 91-29)

2.1.2 Council Membership

The Council is composed of 27 members appointed for three-year terms with a maximum of two consecutive terms. Each member is appointed by the Governor from among state residents.

The Act requires each state council to include in its membership representatives of the principal state agencies responsible for administering federal funds under:

- The Rehabilitation Act of 1973 (i.e., the Division of Rehabilitation Services of the Minnesota Department of Jobs and Training);
- Education of the Handicapped Act (i.e., the Minnesota Department of Education);
- The Older Americans Act of 1965 (i.e., Minnesota Board on Aging, Department of Human Services);
- Title XIX of the Social Security Act (i.e., the Minnesota Department of Human Services);
- Higher education training facilities and University Affiliated Program (i.e., the Minnesota Institute on Community Integration at the University of Minnesota); and

◆ The state protection and advocacy system (i.e., the Minnesota Disability Law Center). Other representation comes from local agencies, nongovernmental agencies, and groups concerned with services to people with developmental disabilities.

Of the Council membership:

◆ At least one-half must be people with developmental disabilities, or parents/guardians.

◆ Of this 50 percent, one-third must have developmental disabilities; and at least one-third must be relatives or guardians of people with developmental disabilities other than mental retardation;

◆ Another one-third must be immediate relatives or guardians of people with mentally impairing developmental disabilities, one of whom must be an immediate relative of an institutionalized or previously institutionalized person with a developmental disability;

◆ None of these individuals can be an employee of a state agency, nor managing-employee of other organizations receiving funds or providing services under the Act.

The state provides assurance that federal membership requirements have been met.

2.2 The Administering Agency for the Developmental Disabilities Council

The Act requires the designation of a state agency "which, on behalf of the state, shall receive, account for, and disburse funds..., and shall provide required assistance and other administrative support services." (Section 122)

The Minnesota Department of Administration is the designated state administering agency. This agency is responsible for providing staff and other administrative assistance to the Council. The Council is staffed by Colleen Wieck, Audrey Clasemann, RoseAnn Faber, Ron Kaliszewski, Jean Little, Roger Strand, and David Hancox.

Council Members as of July 1991:

Duane Shimpach, Chair
Jeannette Kester, Vice Chair
Maribeth Ahrens
Anne Barnwell
Catherine Baudeck
Suzanne M. Dotson
Karen Gorr
Sharron Kathryn Hardy
Anne L. Henry
Lois Holleman
Linda Horkheimer
Byron Johnson, M.D.
Michal Jorgens
Toni Lippert
Carolyn McKay, M.D.
Bernadine D. Nolte
Mary O'Hara-Anderson
Nancy Okinow
Shirley J. Patterson
Linda Rother
Janet M. Rubenstein
Tom Schwartz
Mary Fox Sinclair
Mary Shortall
Dean F. Thomas
Patricia Tietz
Levi Young

In this section, we describe the environment in which programs operate; the scope of services for people with developmental disabilities; and the state plans which affect them.

THE STATE CONTEXT

3.1 The Environment in Minnesota

During the 1980s, we discovered the worth of integration and began to apply it. Children with developmental disabilities began to attend regular education classrooms, and it worked; adults with development disabilities found jobs with support in the regular marketplace, and it worked; children and adults participated in local team sports, scouting, church activities, and community park and recreation programs with their same-age peers, and it worked. We've learned that it can work, and it's not as difficult as we thought it would be.

The challenge for us during the next decade is to build truly inclusive communities. These inclusive communities will provide increased acceptance for all people, support to live in the community, hope that lives will improve, love for one another, and caring that each individual will have a quality of life he or she deserves.

Minnesotans are struggling to change more than services.

The challenge of the 1990s is to build inclusive communities.

> **There is clearly a lot of work yet to do to include all people with developmental disabilities as full participants throughout Minnesota. It will require teamwork to assure that by the year 2000 there is no need to use the word "special" when referring to people with developmental disabilities.**
>
> (*DD Information Exchange*, Vol. 15, No. 1, January 1990)

The Minnesota Governor's Planning Council on Developmental Disabilities has both chronicled and had an impact on these changes. The Council's reports and plans in 1983, 1984, 1987, and 1989 tracked developments in the state and charted a course for the future.

The 1990 Report: What we described and analyzed in the past is still a reality today. There is still a tremendous gap between what we know to be possible and desirable, and what people with development disabilities and their families experience daily.

> **Minnesotans and others have embarked on a number of new endeavors which have a promising future of inclusion. The values and reasonings which underpin what we described in 1987 as a "new way of thinking" are increasingly determining what we do, and our judgment of how well we are doing.**
>
> (*1990 Report*, p. 10)

3.2 The Scope of Services for People with Developmental Disabilities

Increasingly, all services are becoming available to citizens with developmental disabilities. These services are focusing on the needs of people with developmental disabilities. The following describes many of Minnesota's services:

Protection and Advocacy:

Minnesota Disability Law Center

State Departments and Agencies:

Minnesota Department of Human Services

Minnesota Department of Health

Minnesota Department of Education

Minnesota Department of Jobs and Training

Minnesota Department of Trade and Economic Development

Minnesota Housing Finance Agency

Minnesota Department of Transportation (MnDOT)

Minnesota Technical College System

Office of the Ombudsman for Mental Health and Mental Retardation

Minnesota State Council on Disability

Minnesota Governor's Advisory Council on Technology for People with Disabilities

Regional Transit Board (RTB) & Metropolitan Transit Commission

University Affiliated Program:

The Institute on Community Integration, University of Minnesota

Federal Programs:

United State Department of Housing and Urban Development, Minneapolis-St. Paul Office, Region V

Social Security Administration

There is a new way of thinking about how, where, and with whom people with developmental disabilities can live, learn, and work. This new way of thinking involved a shift from removing people from their families' homes to keeping them with their families, and from a preoccupation with preparation, care, and treatment to a concentration on supporting participation, building on capabilities, adapting environments, and building relationships. This new way of thinking means assisting individuals and families in identifying what is important to them, and empowering them with decision-making and spending authority to act upon those choices.

(*1990 Report*, p. 12)

3.2.1 PROTECTION AND ADVOCACY

3.2.1.1 Minnesota Disability Law Center

Federal law requires that each state have systems to protect and advocate for the rights of people with developmental disabilities.

◆ **Legal Advocacy for Persons with Developmental Disabilities** is part of the Minnesota Disability Law Center of the Legal Aid Society of Minneapolis. This agency has been designated by the Governor as the Minnesota Protection and Advocacy agency as required by the Developmental Disabilities Act (P.L. 101-496).

Legal Advocacy staff represent people with disabilities, perform legislative and administrative advocacy, and provide training/education for consumers/professionals. A major focus of legal advocacy is to assure that quality community services are available for people with developmental disabilities.

◆ **The Client Assistance Project** provides information, support and advocacy services to clients and potential clients of the Division of Rehabilitation Services, State Services for the Blind, Centers for Independent Living, and Projects with Industry. Section 112 of the Rehabilitation Act of 1973 required that the Governor designate a public or private agency to assist clients and potential clients of rehabilitation programs. The Legal Aid Society of Minneapolis, Inc., was designated by the Governor to fulfill that function.

◆ **The Minnesota Mental Health Law Project** is a legal assistance project which protects and advocates for people with mental illness. The Project is designated by the Governor as the Minnesota Protection and Advocacy agency for persons with mental illness.

The Project focuses on problems related to abuse and neglect, lack of appropriate individualized treatment or discharge plans, improper seclusion or restraints, violation of rights to confidentiality and privacy, and lack of a safe and healthy environment.

3.2.2 STATE DEPARTMENTS AND AGENCIES

3.2.2.1 Minnesota Department of Human Services

The Department of Human Services (DHS), in partnership with the federal government, counties, and other public, private, and community agencies throughout Minnesota, is a state agency directed by law to assist those citizens whose personal or family resources are not adequate to meet their basic human needs.

DHS is responsible for planning, administering, and coordinating the state's social services and public assistance programs; it delivers few services. In Minnesota, the state supervises and the counties administer

human services. Eighty-seven counties operate most programs, while the various divisions of DHS set statute-based rules that guide needed services to a diverse population.

◆ **Assistance Payments Division** provides income maintenance through cash assistance and food stamps. Cash assistance programs include Aid to Families with Dependent Children (AFDC), General Assistance, Minnesota Supplemental Aid, and Work Readiness.

The Division handles management control and develops state plans; coordinates the delivery of services, develops services standards, provides technical assistance; administers certain categorical and federal block grant programs, monitors compliance with standards, promotes prevention services, and evaluates service effectiveness.

◆ **Deaf Services Division**, by statute, ensures that people with hearing impairments have access to a full array of human services. It manages eight Regional Service Centers and is responsible for statewide planning and program development.

◆ **Home & Health Care Section:**

Children's Home Care Option (the TEFRA Option) is a family support program for children with disabilities who live with their families. If the child is eligible for Medical Assistance, all of the services under the regular Medicaid program (for instance, home health services, prescribed drugs, medical transportation, and insurance premium reimbursement) are available.

2,400 families used TEFRA.

Community Alternative Care Program provides Medical Assistance eligibility for individuals with chronic illness or disability while they are living in the community. Community living services are customarily not paid under Medical Assistance.

200 individuals can be eligible at any time to receive services from Community Alternative Care Program.

◆ **Foster Care Program** is responsible for approximately 6,500 children, one-third of whom have mental, physical, and emotional disabilities. In addition, about 2,000 adults with mental retardation and related conditions live in adult foster homes.

◆ **Mental Health Division** is responsible for publicly funded mental health services, adopting standards for community mental health services, providing consultation to counties and service providers, and monitoring compliance with state and federal laws. The Division reviews and approves county mental health plans. Staff make recommendations regarding mental health services to county boards and program administrators, and provide technical assistance to communities and advocacy groups.

◆ **Minnesota Board on Aging** is committed to serving the state's 700,000 older adults to help them achieve meaningful, dignified lives in their own homes or places of residence; reducing isolation and preventing unnecessary institutionalization. Fourteen area agencies administer programs and services. Their plans are approved and funded by the Minnesota Board on Aging. The aging network provides the following services:

- Social Services,
- Nutrition,
- Legal Services,
- Senior Centers,
- Volunteer Programs, and
- Office of Ombudsman for Older Minnesotans.

999 families receive a subsidized adoption.

◆ **Subsidized Adoption Program** provides financial reimbursement and subsidies for expenses related to a child's special needs. This federally mandated program is designed to facilitate the adoption of children with special needs, including children with developmental disabilities, who have been placed under the guardianship of the Commissioner of Human Services or a licensed child-placing agency. Families which receive an adoption subsidy are eligible for the benefits of Medical Assistance, a monthly maintenance payment, and assistance in making necessary alterations to the home.

◆ The Public Guardianship Office oversees approximately 5,800 wards of the Commissioner of Human Services. Eligible individuals must be 18 years of age or older with a diagnosis of mental retardation.

Public guardianship/conservatorship is viewed as the most restrictive form of substitute decision making for an individual and is sought only in the absence of an appropriate private guardian/conservator. Acting as guardian, the Commissioner delegates all but the most controversial consents to the county social service agencies. The Public Guardianship Offices does the final consent in areas primarily related to life-ending decisions, research, and areas requiring court orders.

◆ **Division for Persons with Development Disabilities** develops and manages programs to ensure that Minnesotans with developmental disabilities have the appropriate amount, quality and type of supervision, support, training, and other services as needed by the nature/severity of the disability and life's circumstance to promote full citizenship. Examples of these programs are:

Case Management, an official service to be provided by county social service agencies under Minnesota Statute. The service is defined as "identifying the need for, planning, seeking out,

acquiring, authorizing, and coordinating services to persons with mental retardation. It includes monitoring and evaluating the delivery of the services to, and protecting the rights of, people with mental retardation." (Rule 185).

The Family Support Program makes cash assistance (up to $3,000 per year) available for items and services such as: child care, respite care, clothing, medical insurance deductibles, diet, medical transportation, equipment, and medications.

Home and Community-Based Services are available if a child or adult with developmental disabilities is living at home and is eligible for Title XIX Home and Community-based Services. These services are paid for by a combination of federal and state funds. Services include: adaptive aids, homemaker services, case management, in-home support services, habilitation services, and respite care.

Semi-Independent Living Services (SILS) supplements county expenditures for the purchase of supportive services for adults who live independently. Services and assistance include: counseling, personal appearance, home maintenance, shopping, instruction, social skills, meal preparation, training, money management, related services, and monitoring.

◆ **Regional Treatment Centers, Nursing Homes, and ICFs/MR** are congregate care facilities of varying sizes. P.L. 100-203 prohibits **nursing home** placement except where medically appropriate, or if it is the preferred long-term residence for the individual. As a result, each person in a nursing home is being assessed in terms of habilitation services and appropriateness of placement.

In 1988, 38% of the people with developmental disabilities served by the Department of Human Services were living in Community-Based Intermediate Care Facilities for the Mentally Retarded (ICFs/MR). The 1988 Minnesota Legislature approved an additional 150 new ICFs/MR beds during 1990-91.

ICFs/MR Deficiency Reports are routinely sent from the Minnesota Department Health to the Governor's Planning Council on Developmental Disabilities, which are then reviewed and summarized for the Council.

◆ **Day Training and Habilitation Services** (formerly "Developmental Achievement Centers") are operated by vendors under contract to county human service agencies and are licensed by the Department of Human Services. This statute describes services:

"Supervision, training, assistance, and supported employment,

Case managers (325) provided services to 17,000 people with developmental disabilities.

The number of people with developmental disabilities in Regional Treatment Centers is declining as a result of: the requirements of the *Welsch* Consent Decree and negotiated settlement, and the development of community alternatives prompted by the Title XIX Home and Community-Based Waiver.

Family Support Program: 459 families received subsidies.

Home and Community-Based Services with 1,000 providers served 2,310 children who live in their own home.

Semi-Independent Living with 82 providers served 1,250 people.

7 Regional Treatment Centers served 1,337.

321 ICFs/MR served 4,224 individuals.

16

Day Training and Habilitation Services: 97 providers served 5,321 (ages 16 and older), 83% worked in some form of employment programs.

work-related activities, or other community integrated activities designed and implemented in accordance with individual service and individual habilitation plans...to help an adult reach and maintain the highest possible level of independence, productivity, and integration into the community." (Minnesota Statute 252.41, subd.3.)

Supported Employment Programs retain and secure meaningful work in an integrated setting for individuals with severe disabilities who are not traditionally employable. In cooperation with the Department of Jobs and Training, DHS promotes programs that provide supported employment.

Specialized Training and Adaptive Technology are funded by the Department when they show prospects of increasing an individual's independence, productivity, and community integration.

State-Operated Community Services for Persons with Developmental Disabilities (SOCS), under development by the Regional Treatment Center Transition Project was established to implement 1989 legislation M.S. Chapter 282, article 6. This law sets in motion a long-term restructuring plan for the RTCs addressing the services needed for people with mental illness, chemical dependency, and developmental disabilities.

The 1989 legislation authorized the development of 24 state-operated group homes and 14 day programs during the 1990-91 biennium.

Legal and Inter-Governmental Programs:

◆ **The Division of Licensing** regulates living programs, non-residential programs, and agency services to children and specified groups of adults with functional impairment or disabilities. The programs for people with developmental disabilities that are licensed directly by the Division include:

- Community Residential Facilities,
- Day Training and Habilitation Services,
- Regional Treatment Centers,
- Residential-Based Habilitation Services (Waivered Services),
- Residential Facilities and Services for People with Physical Disabilities, and
- Semi-Independent Living Services.

Standards and investigations which require monitoring only (which do not result in issuance of a license) include:

- Aversive and Deprivation Procedures for People with Mental Retardation or Related Conditions, and
- Reporting of Maltreatment of Vulnerable Adults in Licensed Facilities.

There are two units in the Division:

The Investigative Unit investigates all maltreatment reports in licensed programs.

The Applicant Background Unit (ABU), as of March 1991, does background studies on all direct-contact employees in licensed programs. The ABU studies could result in disqualification from working in a DHS-licensed facility.

3.2.2.2 Minnesota Department of Health

◆ **The Community Health Services Act** provides for the development and maintenance of an integrated system of community health services operated under local administration. Community Health Services protect and improve the health of people within a geographically defined community by emphasizing services to prevent illness, disease, and disability. This is accomplished by promoting the effective coordination and use of community resources, and by extending health services into the community. Services include: family health, home health, disease prevention and control, emergency medical services, health promotion, and environmental health.

◆ **Maternal and Child Health Services** provide technical and financial support services to local community health agencies, schools, and voluntary organizations to improve the health status of children, youth, women, and their families.

Clinical services provided in local health agencies and schools include infant and child health assessment, health maintenance services such as immunizations, health promotion including childhood injury prevention, general health screening, early and periodic screening, early childhood health and developmental screening, hearing and vision screening, scoliosis screening, and screening for elevated levels of lead.

◆ **The Office of Health Facility Complaints** is responsible for receiving, investigating, and resolving complaints from any source regarding services provided by health care facilities, health care providers, and administrative agencies. It is also responsible for assisting residents of health care facilities in the protection of their rights.

The Office of Health Facility Complaints is specifically

Maternal and Child Health Services: The **Special Supplemental Food** Program for Women, Infants and Children (WIC), and the Commodity Supplemental Food Program (CSFP), both funded through the U.S. Department of Agriculture.

The **Human Genetics Program**—counseling, consultation, education, and diagnostic support regarding people with known or suspected genetic diseases.

The **Child Health Screening**, Health Promotion Unit.

The Minnesota **Injury Prevention** Project—technical support and public education.

The **Hearing and Vision Conservation** Project—early identification, treatment, and remediation.

Services for Children with Handicaps (SCH)—identification, diagnosis, and treatment of children with disabilities caused by birth defects, congenital cardiac lesions, hereditary disease, or chronic diseases.

Home Health Care Services—assistance to people who are ill or with disabilities to achieve maximum restoration or maintenance of health, as well as to provide the care needed in cases of terminal illnesses.

Number of children and youth (birth to age 21) receiving special education and related services:

Early childhood primary disability	
Speech impairment	15,750
Mild/moderate mental disabilities	6,910
Severe/profound disability	2,976
Physical disabilities	1,333
Hearing impairment	1,417
Visual disabilities	343
Specific learning disability	31,902
Emotion/behavior disorder	12,246
Deaf/blind	14
Other health impairment	641
Autism	189

Percentage of students (6-21) with disabilities in different education environments:

	MN	National
Regular class	14%	30%
Resource room	65%	39%
Separate class	16%	24%
Separate school	4%	5%

responsible for investigating complaints or reports of abuse/neglect of patients or residents in licensed health care facilities, as authorized under the Minnesota Vulnerable Adult Protection Act. Such facilities include nursing homes, hospitals, supervised living facilities, boarding care homes, and state-operated Regional Treatment Centers.

3.2.2.3 Minnesota Department of Education

◆ **Early Intervention Services** is responsible for interagency, comprehensive early intervention services for young children with disabilities from birth through age two and their families (in accordance with Public Law 99-457) through the following components:

The Lead Agency–**Minnesota Department of Education**–is responsible for the general administration, supervision, and monitoring of programs and activities relating to early intervention. Through the **State Agency Committee**, the departments of Education and Health and Human Services are committed to working together in a coordinated effort to provide necessary services.

The Governor's Interagency Coordinating Council on Early Childhood Intervention advises and assists the Department of Education and recommends policies to the Governor, Legislature, State Agency Committee, and other departments. The Council is established by the Governor. Interagency Early Intervention Committees (IEICs) are local committees responsible for identifying services and funding sources; establishing and evaluating identification, referral, and intervention services; facilitating the development of interagency coordination; recommending assignment of financial responsibility; and reviewing school district, county health, and human service plans.

Regional Coordinators assist school districts, other providers of services, and families. They are responsible for increasing public awareness of the need for coordinated services, providing technical assistance, and developing model interdisciplinary approaches to early intervention services.

Early Childhood Special Education is the responsibility of local school districts. In 1986, they were mandated by the Legislature to serve all eligible children with disabilities (or at risk of developing disabilities) beginning at birth.

◆ **Special Education Services** are provided under the authority of the Individuals with Disabilities Education Act (P. L. 101-457); Minnesota Statutes 120.03, 120.17, and 124.32, and State Board of Education Rules Chapter 3525.

Approximately 7,000 students leave special education each year, 54% have substantial disabilities and will need further follow-along services from the adult service system.

The Unique Learner Needs Section, a division of Instructional Effectiveness in the Department of Education, is the state agency responsible for providing special education services to students with disabilities from birth to age 21.

The Secondary Vocational Education Unit, Minnesota Department of Education, is the state agency responsible for administering vocational educational programs.

◆ **The Interagency Office on Transition Services** was established by the Department of Education, as authorized by the 1985 Minnesota Legislature, for the purpose of addressing the needs of students with disabilities as they progress through school and enter postsecondary training, employment, and community living.

The Office is responsible for providing staff to the State Transition Interagency Committee; coordinating personnel training; providing information, consultation, and technical assistance to state and local agencies about transition services; assisting agencies in establishing local interagency agreements; and gathering and coordinating information on transition services.

School districts are required to establish committees at the local level. As required by state and federal legislation, the Individual Education Plan must address the student's transition needs by grade nine, or age 14.

◆ **Community Education** programs provide an opportunity for local citizens, community schools, agencies, and organizations to become active partners in addressing education and community concerns. The most common components include early childhood development, family education, adult basic education, and youth development planning.

Community education is available in 95% of all public school districts; 74 school districts focus on adults with disabilities.

3.2.2.4 Minnesota Department of Jobs and Training

The purpose of the Department of Jobs and Training is to develop, implement, and coordinate employment and income policies. It is the state's principal agency for employment and job training, vocational rehabilitation, and the unemployment insurance program.

32 supported employment programs served 3,200.

25 facility-based employment providers served 4,780.

211 vocational centers in 47 field offices placed 3,194 people in employment.

◆ **The Division of Rehabilitation Services (DRS)** provides an array of services, which includes training and job placement to help individuals with disabilities increase their vocational, personal and financial independence.

Vocational Rehabilitation deals with employment outcomes, both competitive and supported. Individuals receive counseling and guidance based on an individual written rehabilitation plan.

The Independent Living Program supports opportunities for people with severe disabilities to live independently and function within their family and community. Independent Living Centers are located throughout the state.

Extended Employment provides individuals with severe disabilities the ongoing supports they need to remain employed in facility-based employment or in supported employment in the community. Thirty-two private, nonprofit, or government agencies provide these services under contract with DRS. The major focus over the last five years has been to provide the supports individuals with severe disabilities need to work in the community.

◆ **State Services for the Blind and Visually Handicapped (SSB)** facilitates the achievement of personal independence by children and adults who are blind or who have a visual disability.

◆ **The State Job Training Office** administers the Job Training Partnership Act (JTPA). The purpose of the Act is to establish programs to prepare youth and unskilled adults, including people with disabilities, for entry into the labor force. The office provides staff support to the Governor's Job Training Council which is responsible for making recommendations to the Governor on policies, coordination of services, and the implementation of a state plan.

JTPA Title II-A Program served 14,211 people (1,831 of whom have disabilities).

◆ **Minnesota Project Heat Start** is administered by the Economic Opportunity Office of the Department of Jobs and Training. Head Start is a family-centered child development program with the central goal of increasing social competence in children of low income families.

3.2.2.5 Minnesota Department of Trade and Economic Development

The Division of Community Development, within this department, administers:

◆ Small Cities Development Program (SCDP)1, the state-administered portion of the U.S. Department of Housing and Urban Development's Community Development Block Grant, is a competitive program designed to develop viable small cities by providing decent housing, suitable living environments, and expanding economic opportunities, principally for persons of low and moderate incomes. Grants may be awarded to cities and towns with populations under 50,000 and counties with populations under 200,000. The program addresses a broad range of community development needs including:

Housing Grants where local governments establish revolving loan funds to rehabilitate the local housing stock,

Public Facilities Grants which cover a broad range of community development projects such as sewage treatment and disposal, wells, water towers, fire halls, and senior centers,

Comprehensive Grants which frequently involve both housing and public facility components, including economic development, such as loans to businesses for building construction/renovation, purchase of equipment or working capital.

3.2.2.6 Minnesota Housing Finance Agency (MHFA)

This state agency provides affordable financing for purchasing, construction, and/or improving various types of housing for Minnesota residents with low and moderate incomes.

◆ **Group Homes for Persons with Developmental Disabilities MHFA** will commit mortgage funds up tothe maximum development cost allowed by the Minnesota Department of Human Services.

◆ **Home Accessibility Modifications, MHFA** offers four programs that fund accessibility modifications in the home of a person with a disability. These programs vary in the income levels they are targeted to serve and in the terms and availability of funding:

Home Improvement Loan Program, called "The Great Minnesota Fix-Up Fund," provides reduced interest rate loans for a wide variety of home improvements (including accessibility) in one-to-four-unit, owner-occupied properties.

Deferred Loan Program provides "deferred" loans for basic repairs in owner-occupied single- or two-family homes. Eligible improvements include electrical, plumbing, foundation, safety hazards, energy efficiency, and accessibility.

Revolving Loan Program provides reduced interest rate loans for basic repairs in owner-occupied single- or two-family homes. Eligible improvements include major systems, safety hazards, energy efficiency, and accessibility.

Accessibility Loan Program provides deferred loans for modifications directly related to the basic needs of persons with disabilities living in owner-occupied single- or two-family homes.

- **Homesharing** matches elderly homeowners who have low or moderate incomes with home-seekers who contribute rent or services for sharing their home. Persons with disabilities are eligible. The income or service helps the homeowners stay in their homes longer and improves their quality of life.

- **Low-Income Housing Tax Credit** is a mechanism for raising private equity through limited partnerships. The low-income housing tax credit provides a reduction in tax liability for ten years to owners/ investors in low-income rental housing. The property must be held as low-income housing for at least 15 years.

- **Tax-Exempt Bonds for Multi-Family Housing** are issued by local or state housing finance and economic development agencies to provide below-market-rate financing to acquire and substantially renovate multi-family housing. The savings from the reduced interest payments are passed on to the developer, ultimately resulting in lower rent payments.

- **Tax-Exempt Bonds for Single-Family Mortgages** are authorized by the federal government to be issued by state and local housing finance agencies. These bonds provide below-market interest rates on single-family, owner-occupied home mortgages for first-time buyers.

- **Housing Trust Funds** are financed by a dedicated revenue source such as development fees or a surtax on commercial real estate transfers earmarked for affordable housing development. A few jurisdictions have designated a portion of their trust funds for housing for people with disabilities. The housing trust fund concept may provide low-interest-rate financing for accessibility improvements to individual rental units as authorized by Fair Housing Act Amendments of 1988.

3.2.2.7 Minnesota Department of Transportation

Public transit is the lifeline which connects Minnesotans to jobs, schools,

health facilities, and many other essential goods and services. In 1989, 81 million rides were provided by transit systems throughout the state. This service meant that thousands of commuters reached work each day, that thousands of elderly Minnesotans were able to remain independent and active community participants, and that thousands of people with disabilities were able to lead healthy and productive lives.

Currently, 24 of the 87 counties have no public transit services; and 22 additional counties have public transit services in only a few urban areas.

◆ **The Metropolitan Transit Commission (MTC) and the Metropolitan Council** are the designated recipients of federal funds in the seven-county Metropolitan area. The MTC administers the Urban Mass Transportation Administration's Section 3 program (Discretionary Capital) and the Section 9 program (Operating and Capital Assistance). The Metropolitan Council administers the Section 8 program (Planning) and passes some of these funds to the Regional Transit Board (RTB) for transit planning activities.

Capital Assistance is a grant program that provides 80 percent funding for the purchase of wheelchair accessible vans and buses for private, nonprofit organizations that serve elderly or people with disabilities.

◆ **Office of Transit** administers public transit services in the eighty-county geographic area outside the seven-county Twin Cities area. The Public Transit Assistance Program was established by the Minnesota Legislature in 1977 (M.S. 174.21) for the following purposes:

In 1991, there were an estimated 166 grant-funded vehicles in Minnesota.

- To provide access to transit for persons who have no alternative mode of transit available.
- To increase the efficiency and productivity of public transit systems.
- To alleviate problems of automobile congestion and energy consumption and promote desirable land use where such activities are cost effective.
- To maintain a state commitment to public transportation.
- To meet the needs of individual transit systems to the extent possible.

3.2.2.8 Regional Transit Board (RTB) & Metropolitan Transit Commission

◆ **Regional Transit Board (RTB)** is responsible for short-term planning and funding distribution for transit services in the Metropolitan area. As joint administrators of the Minnesota Public Transit Assistance Program, MnDOT and the RTB work closely to coordinate activities which influence public transit throughout the state. The RTB's statutory purpose was stated in Minnesota Statute 473.371, Subdivision 2:

Regional fixed route services represent over 97 percent of all trips made on the metro transit system, representing 71 million rides annually.

In 1990, there were 1.6 million Metro Mobility trips.

- To provide, to the greatest feasible extent, a basic level of mobility for all people in the metropolitan area.
- To arrange for the provision of a comprehensive set of transit

and paratransit services to meet the needs of all people in the metropolitan area.

- To cooperate with private and public transit providers to ensure the most efficient and coordinated use of existing and planned transit resources.
- To maintain public mobility in the event of emergencies or energy shortages.

3.2.2.9 Minnesota Technical College System

29 Technical colleges serve 2,036 students with disabilities.

In recent years, technical training has been made available to people with disabilities in technical colleges. The occupational programs of the colleges provide students with:

- Initial job training or retraining;
- An opportunity to improve or upgrade current job skills;
- A chance to explore other careers, and
- An opportunity for personal or professional development.

3.2.2.10 Office of the Ombudsman for Mental Health and Mental Retardation

Complaints received pertaining to:
Mental illness 43%
Developmental disabilities 37%
Emotional disturbance 12%
Chemical dependency 8%

The Ombudsman Office is an independent agency created by Minnesota Statute 245.91. The office works closely with public and private agencies, parents and guardians, consumers, and interested others in improving the standards of care, competence, efficiency, and justice for individuals receiving services or treatment for mental illness, mental retardation or related conditions, chemical dependency, or emotional disturbance.

The Office receives and resolves complaints, provides mediation and advocacy services for clients, reviews the causes and circumstances of a serious injury or death of a client, monitors and evaluates services and programs, and issues reports to the Governor and public.

3.2.2.11 Minnesota State Council on Disability

In 1973, the Legislature created the Council as the primary public agency to recommend and advocate for programs and legislation that will improve the quality of life and promote the independence of persons with disabilities in Minnesota.

The Council's mission goals are:

- To maintain an organized information and referral database.
- To take the lead in assuring improved physical and program accessibility.
- To provide technical consultation.
- To develop position statements on the delivery of services to

people with disabilities, based on research, community involvement, and interaction with other government agencies.

3.2.2.12 Minnesota Governor's Advisory Council on Technology for People with Disabilities

The Advisory Council was established by the Governor as a public-private initiative to develop public policy on the use of technology for people with disabilities. The Council has received a three-year grant under the Technology-Related Assistance for Individuals with Disabilities Act of 1988 (P. L. 100-407). The grant is to establish a statewide system of technology responsive to consumer needs.

The grant's work program has been established to educate the public; influence public policy; demystify funding; promote consumer empowerment and family involvement; expand available services; ensure interagency coordination; and permit life span flexibility (ensuring that individuals continue to benefit from assistive technology as they move between home, school, work, and community.

3.2.3 UNIVERSITY AFFILIATED PROGRAM

3.2.3.1 The Institute on Community Integration, University of Minnesota

A University Affiliated Program on Developmental Disabilities in the University of Minnesota's College of Education was established in 1985 to provide interdisciplinary training, exemplary services, and information for Minnesota citizens with developmental disabilities and their families, service providers, and communities.

The mission of the Institute is to apply its resources to improve the quality and community orientation of professional services and social supports available to individuals with disabilities and their families. Its mission is carried out through a program of interdisciplinary professional education, service, and technical assistance, applied research, and information dissemination based on the belief that persons with disabilities should experience the benefits of family and community living while receiving services necessary to develop their full potential.

20,114 participants attended 5,903 training hours;

13,204 received 6,763 hours of technical assistance;

1,914 people with disabilities received ongoing services

3.2.4 FEDERAL PROGRAMS

3.2.4.1 U.S. Department of Housing and Urban Development (HUD) Minneapolis-St. Paul Office, Region V.

The United States Congress has mandated the Department of Housing and Urban Development to create conditions so that every family can have decent and affordable housing, to ensure equal housing opportunities, and to strengthen and enrich our nation's communities. HUD administers many programs which assist individuals and communities to develop homes and accessible housing. A few of the major programs are described below:

Direct Loans for Housing for People WHo Are Elderly or Handicapped (Section 202) is the standard financing mechanism for subsidizing housing for the elderly and people with disabilities. It provides 100 percent direct mortgage loans and rent subsidy for residents, funding for the development of independent living apartment complexes (up to 24 units at one site), as well as group homes (up to 15 residents).

Rental Rehabilitation Program provides grants to rehabilitate existing rental units as well as rental assistance to low income households. This program minimizes displacement and is designed to attract private financing.

Supportive Housing Demonstration Program, Permanent Housing Component, advances or grants to states, on behalf of project sponsors, private nonprofit organizations or public housing authorities, monies to defray the cost of: 1) acquiring and/or rehabilitating existing buildings for permanent housing for not more than eight homeless people with disabilities; 2) retirement of mortgage debt; 3) portions of operating expenses for the first two years of operation; and 4) technical assistance related to one or more of the above activities. This program was created under Subtitle C of Title IV of the Stewart B. McKinney Homeless Assistance Act.

◆ **Community Development Block Grants** provide grants to communities for use in financing projects that foster development of viable urban communities. At least 51 percent of the funds are to be targeted to projects benefiting low and moderate income persons. Most communities attempt to leverage CDBG benefits by using them to provide a portion rather than all the financing needed for a project, such as low interest second mortgages, low interest construction financing, building acquisition, relocation, demolition, rehabilitation, and in some cases, new construction.

◆ **Rental Assistance—Housing Vouchers, and Section 8 Certificates** helps low and very low-income families in obtaining decent, safe, and sanitary housing in private accommodations. Housing vouchers and Section 8 certificates provide assistance to reduce rental payments. Rental assistance is targeted to individuals with less than 80 percent of the area median income adjusted for family size. Tenants apply directly to HUD for vouchers and existing Section 8 certificates.

3.2.4.2 Social Security Administration

◆ **Supplemental Security Income (SSI)** provides a national minimum income for people who are aged, disabled, or blind. The program is designed to assist individuals with disabilities who are below specified income and resource limits. Various eligibility criteria apply to people age 65 and over; people 18 and older; and children with severe disabilities.

Under Social Security, "disability" relates to the ability to work, and the requirement for eligibility is total disability.

A person who lives independently can receive as much as $407 a month from SSI (or $661 for an eligible couple). People in group homes are often considered to be living independently, while individuals living in someone else's household, including that of parents, qualify for a lower amount. SSI recipients are also likely to qualify for Food Stamps, Medicaid and Minnesota Supplemental Assistance (MSA).

36,835 people received SSI payments totalling $87 million.

	People	Amount
Elderly	9,647	$15,216,000
Blind	648	$ 1,650,000
Disability	26,540	$70,300,000

◆ **Social Security Disability Insurance (SSDI)** provides monthly benefits for workers and eligible members of their family if an illness or injury is expected to keep the worker from working for a year or longer, or will result in death. Family members may also qualify for "auxiliary" benefits on the employee's work record.

The following sections present the requirements made by Congress in the Developmental Disabilities Assistance and Bill of Rights Act, and the ways in which the Governor's Planning Council has complied with the requirements.

PLAN REVIEW AND REVISION

4.1 Plan Review Process

The Act contains a number of provisions which require states to review and analyze state policies, practices, and patterns. The intent of these provisions is to assist states in their planning processes, and generate useful information for state and federal policymakers.

Many of the requirements contained in P.L. 101-496 were first addressed in documents published by the Governor's Planning Council in January 1990: the *1990 Report: The Heart of Community Is Inclusion...* and *Two-Year Transitional Plan, Developmental Disabilities.*

The purpose of the reviews and planning for both of these documents, as mandated by P.L. 101-496 [Section 122(f)], was to lay the groundwork for the development of a new Three-Year State Plan for Fiscal Years 1992-1994.

4.1.1 Review of Statewide Service Delivery and Other State Plans

Requirement/Eligibility: "The state shall review the eligibility for and scope of services provided to persons with developmental disabilities and their families." [Section 122 (b)(2)(C)(i)]; [Section 122(f)(i)]; and [Section 122(b)(5) (C)]

Compliance: The Minnesota Governor's Planning Council has collected and analyzed existing reports, plans, and original materials which identify agencies (including public assistance) that receive federal and state funds to provide services to people with developmental disabilities. Eligibility requirements were documented and analyzed for each service. The extent and scope of services were documented. (See The *1990 Report.*)

Requirement/Effectiveness and Satisfaction: "Each State Planning Council shall conduct a review and analysis of the effectiveness of, and consumer satisfaction with, the functions performed by, and services provided or paid for from federal and state funds by, each of the state agencies (including public assistance) responsible for performing functions for, and providing services to, all persons with developmental disabilities in the state. Such review and analysis shall be based upon a survey of a representative sample of persons with developmental disabilities receiving services from each agency and their families if appropriate." [Section 122(f)(2)]

Compliance: A consumer survey was conducted in 1988. The form was based on several national survey forms developed for previous studies. Requests for volunteers to participate were distributed to agencies, monthly newsletters, and newspapers.

The results of the survey were presented in the *1990 Report* in our discussion of critical issues for the 1990s:

- Having a home and a family.
- Having an education.
- Having a job.
- Making sense of your world.
- Being supported.

Requirement/Other State Plans: "The state plan shall describe and review the extent and scope of services, supports and other assistance being provided, or to be provided, to persons with developmental disabilities under such other state plans, or policies affecting federally assisted state programs that the state conducts and in which persons with developmental disabilities are or may be eligible to participate, including programs relating to education, job training, vocational rehabilitation, public assistance, medical assistance, social services, child welfare, maternal and child health, aging, program for children with special health care needs, housing, transportation, technology, comprehensive health and mental health, and such other programs as the Secretary may specify." [Section 122(b)(2)(C)(i)]

Compliance: See Section 3.2.

Requirement/Statewide Service System Review: "Section 122 (f) of the Act of 1990 requires a comprehensive review and analysis of services in the state, and the subsequent use of that review in developing the state plan."

Compliance: The *1990 Report* was submitted in January 1990. The findings of the review are an integral part of the revisions to the plan reported below in Section 4.2.

Requirement/Education Data: "The plan must be developed after consideration of the data collected by the state education agency under Section 1418 (b)(3) of Title 20." [Section 122(b)(5)(C)]

Compliance: As reported in the *1990 Report*, the Governor's Planning Council reviewed the special education state plan; analyzed data collected in the review of eligibility requirements, and of the extent, scope and effectiveness of services; participated in the State Transition Interagency

Committee; and participated on an advisory committee to the Minnesota Institute on Community Integration which designed and tested a data collection system for ongoing follow-up of students after leaving the public education system.

The Leadership for Empowerment Strategy which is the cornerstone of this Three-Year Plan reflects our consideration of the data collected by the state education agency.

4.1.2 Review of Existing Priority Area

Requirement/Priority Area: "The state shall review the extent to which existing priority area activities are responsive to the needs of persons with developmental disabilities and their families." [Section 122(b)(5)(A)] and [Section 122(b)(5)(B)(i)]

Compliance: The priority activities identified in the *Two-Year Transitional Plan* focused on Accountability. The general goal, as selected by the Minnesota Governor's Planning Council, was:

- To increase accountability to individuals with developmental disabilities of all ages to improve independence, productivity, and integration into the community.

The overall goals of the Council for the two-year plan (October 1, 1989 to September 30, 1991) were:

- To increase accountability to individuals with developmental disabilities of all ages by building community capacity to support individuals; and
- To increase accountability to individuals with developmental disabilities of all ages by changing state policies to be more responsive to individuals who are unserved or underserved.

Objectives were set for September 1990 and 1991 in five areas:

1. To improve individual planning processes;
2. To sponsor the Partners in Policymaking program and internship placements;
3. To organize self-advocacy groups;
4. To document examples of improved access to generic services; and
5. To encourage legislative change and additional funding to support individuals who are unserved and underserved.

During Federal Fiscal Year 1990, the Governor's Planning Council made grants to seven organizations for projects related to the accountability priority. In addition, two grants were made to organizations

for the federal mandatory option, employment activities.

1990 Project Summaries:

People First/Advocating Change Together: Groups of self-advocates were organized and are meeting on a regular basis in two rural counties. These groups have access to local advisors, a resource library, training programs, and technical assistance from project staff. This project has sponsored 19 training workshops involving 250 people. (Relates to Objective 3: Self-advocacy.)

Dakota County/Direct Funding: This project involves twelve families who receive funds directly from the county equal to the cost of services they would normally receive. The family has control over the resources and how they are used to maintain their child(ren) at home in the family. Attempts were made to select families from rural areas; with two or more children with disabilities, and with children both with and without disabilities; single parent families; and minority families (or where the child with a disability is a person of color).

The funds have been used for a variety of purposes, including sitters, modifications to the home for accessibility, respite weekends, purchase of specialized equipment, and payment of medical bills. Seven training sessions were held during the year for the participating families. The sessions included liability and tax information related to in-home services, recruiting and hiring assistants, financial planning, and networking. (Relates to Objective 1: Individual planning.)

ARC — Ramsey County/Integrated Recreation: This project focuses on integrated recreation opportunities at the high school level. Project activities included the following:

- Youth from a group home were helped to obtain a family membership in the local YMCA.
- A weekly summer miniature golf program for students was held.
- Three self-advocacy training sessions were held for 61 students.
- Two parent empowerment workshops were held.
- Integrated recreation workshops were held with the staff of four community and municipal recreation organizations. (Relates to Objective 4: Generic access.)

Human Services Research and Development Center/Personal Futures Planning: Developed a network of people able to train others in the Personal Futures Planning process. This program trained 34 people. As a result, 67 people in rural Minnesota received Personal Futures Plans. (Relates to Objective 1: Individual planning.)

Training Initiative and Publications

(Relates to Objective 5: Legislative Change and Funding):

Training Initiative: Five training modules (Positive Learning, Positioning, Individualized Plans, Alternative Communications, and Technological Adaptations) were developed during the previous year. These modules and a program on teaching techniques were delivered to 191 potential trainers in FY 1990. The trainers, in turn, delivered the modules to 557 direct care staff in 20 sessions. Central to this initiative is an arrangement with 15 of the 33 Minnesota Technical Colleges to continue and expand upon these efforts.

Publications to Educate Policymakers: The following documents were produced and distributed:

1990 Report, The Heart of Community is Inclusion: 10,000 copies disseminated.

Two-Year Transition Plan (FFY 1990-1991): 5,000 copies disseminated.

A brochure regarding prior authorization for Medicaid reimbursement: 3,000 copies disseminated.

Two Policy Analysis Reports on financing supported employment and the annual survey of day programs and habilitation services: Over 2,000 copies of each disseminated.

Human Services Research and Development Center/ Friendships and Generic Access: Twenty-three persons with disabilities living in six group homes, primarily in rural Minnesota, were assisted to either develop friendships with people who do not have disabilities or to establish connections with generic community organizations within their communities. Staff from the group homes received training and technical assistance in the process of assisting friendship and community connections. (Relates to Objective 4: Generic access.)

University of Minnesota, Institute on Community Integration: The focus of this project was on training parents to participate more fully in the case management process. Forty hours of training in various aspects of services for persons with disabilities were provided to 34 parents of children with disabilities and1 person with a disability. All were from rural Minnesota. All training sessions were repeated in three rural sites. Training topics included: description of case management, rules and regulations, transition, integration, recordkeeping, indicators of quality health care, and technology. (Relates to Objective 1: Individual planning.)

World Institute on Disability: This project provided eight 2-day training sessions designed to develop leadership skills, encourage assertiveness, and describe state-of-the-art services for persons with disabilities. Thirty people participated—19 parents, 11 consumers—representing the metro area (60%) and rural Minnesota (40%).

As a result, participants have sought membership on and have been appointed to statewide commissions and councils; have contacted local, state, and federal legislators and policymakers; and have presented at national conferences and to the electronic media. (Relates to Objective 2: Partners in Policymaking.)

Kaposia, Inc./Career Planning Project: Eighteen Career Planning Project information meetings were held at the Division of Rehabilitation Services offices throughout Minnesota. Sixteen persons with disabilities have participated in the Career Planning Process. This has resulted, in many cases, in bringing the person's employment into closer agreement with his or her career plans. (Relates to Federal Objective: Employment priority.)

Epilepsy Foundation/TAPS: This project was developed to encourage increased participation by persons of color in the Training and Placement Services program. Two minority individuals were enrolled in the TAPS program of the Epilepsy Foundation. (Relates to Federal Objective: Employment priority.)

1991 Project Summaries:

During Federal Fiscal Year 1991, the Council made nine grants; they were designed to produce the following outcomes:

Advocating Change Together(ACT)/People First: This project was to enable ACT to work in three facilities to increase the ability of people with severe disabilities to exercise individual choice. (Relates to Objective 1: Individual planning.)

Arc Anoka County: Arc Anoka County worked with the staff of the Anoka School District to implement "Circle of Friends" and McGill Action Planning System (MAPS) within the Elementary and Junior High Schools. (Relates to Objective 1 & 4.)

Arc Ramsey County: The purpose of this project was to address the leisure needs of youth and young adults with developmental disabilities, ages 14 to 21, so as to enhance opportunities for integrated leisure experiences. (Relates to Objective 4.)

Dakota County: The purpose of this project was to expand the voucher concept to additional people including self-advocates. Participants were able to purchase services from providers of their own choosing. (Relates to Objective 1 & 4 by giving families improved ability to hold service providers accountable.)

Human Services Research and Development Center: This project trained additional people in the use of Personal Futures Planning. (Relates to Objective 1.)

Institute on Community Integration: Over 2,000 recruitment information packets for Parents as Case Managers were mailed. This project gave people access to information that will enable them to make more informed decisions regarding services and the ability to hold the provider accountable for outcomes. (Relates to Objective 1.)

Metropolitan YMCA: The purpose of this project was to investigate the feasibility of developing a center for youth leadership in Minnesota. The conclusion of the study was that it is feasible and a model demonstration project and work program was proposed.(Relates to Objective 4.)

World Institute on Disability: Graduated 29 participants from Partners in Policymaking, 14 of whom have completed internships in government offices. (Relates to Objective 2.)

Legal Advocacy for Persons with Developmental Disabilities: Activities were concentrated in three areas: housing, fiscal incentives, and case management. (Relates to Objective 5.)

The Americans with Disabilities Act and its sweeping civil and human rights declaration has ushered in a new decade. The Act emerged as the combined constituency of the nation's disability movement focused on civil rights and political enfranchisement, rather than program reforms. This signals a new level of awareness and public priority.

4.2 State Plan Revisions

4.2.1 The Priority Area

The Council has selected the option of a "State Priority Area Activity" which is defined in the Developmental Disabilities Assistance and Bill of Rights Act as:

> [A]ctivities to increase the capacities and resources of public and private nonprofit entities and others to develop a system for providing special adaptations of generic services or specialized services or other assistance which responds to the needs and capabilities of persons with developmental disabilities and their families to enhance coordination among entities [Section 102(9)(A)]... in an area considered essential by the State Planning Council. [P.L. 101-496, Section 102(11)]

The State Priority Area Activity is called ***Leadership for Empowerment***. "Empowerment" means:

- To assist individuals in learning how to obtain information, develop skills, and make choices.
- To create an environment where choice are honored.
- To give individuals and families direct control of resources.

The Council intends to embark on a decade-long strategy:

- To promote and multiply personal empowerment.
- To significantly expand personal choices in relation to community life, school, work, leisure, cultural affairs, economic equity, and parity.
- To enhance the level of social participation among its constituency.

It is the intent of the Council that grants made during the 1990s will work to bring about a society where **all** individuals are:

- Valued and included.
- Interdependent and contributing.
- Fully enfranchised with the right to make informed choices, and directly control and possess the resources to achieve a valued future.

Context and Rationale:

This priority area recognizes that we are in the midst of a profound paradigm shift in our understanding of what will result in the exercise of full inclusive citizenship, democratic rights, and quality of life in our society for persons with developmental disabilities.

National changes in awareness and priority are reflected in, and in turn reflect, the orientation of the Minnesota Governor's Planning Council on Developmental Disabilities over the last decade.

In the early 1980s, the Council's grants were invested in expanding the constellation of service agencies. Then, attention shifted to improvements in the selected federal priority areas of employment and case management. In the latter part of the decade, the Council concerned itself with improving the results and outcomes of the service system, specifically, the day-to-day impact on individuals and families.

Today, our attention is focused on a common denominator— the empowerment of individuals with the most severe disabilities.

The Council's thoughts and actions have been associated with a number of sources:

- The federal government's program guidelines and priorities.
- The broad-based input of individuals and organizations representing Minnesota's constituencies of concerned citizens, families, and professionals.
- Our analysis of the realities (both consistent and changing) individuals and families face in everyday life and in the world of human services.

In response, the Council has set an independent path and asked Minnesota's service provider and advocacy communities to pioneer for the nation.

Over this decade, the Council's policies have matured to fund work that now self-consciously advances:

- The principles of full democratic citizen involvement.
- Uncompromising integration.
- Individualized support services at home, school, work, and in the community.
- Political empowerment.
- The creation of personal futures based on the dreams for and of people with the most severe mental and physical disabilities.

This change demonstrates a quantum paradigm shift into the policy stewardship of the Developmental Disabilities Assistance and Bill of Rights Act—providing necessary resources that will strive to enhance human competence, personal dignity, and social justice.

To meet this challenge, the Council will undertake a bold departure from the traditional approach of selective service improvement and "system reform." It is the intent of the Council to focus its grant funds in a manner that has the greatest probability of promoting sustained progressive change. It will make its investments directly through people

An even greater challenge confronts us in the decade to come. We must find ways of supporting and empowering people so that their lives are not defined and controlled by services, professionals, or paid staff. "We must do whatever is needed to undo those things that contribute to the retarding environment."
Capitol People First

who share and identify with a common destiny.

The intent is to generate a broad cadre of Minnesotans with a commanding regard for social justice. These Minnesotans will possess the skills and community connections to design and deliver a new and better order in our society. This is an ethical agenda.

An Investment in People:

Meeting this agenda requires us to develop and rely on the leadership of individuals who possess one or more of the following characteristics:

- Idealistic and energetic challengers of the system status quo.
- A designated beneficiary of the Council's public resources and public investment (that is, youth and adults with severe disabilities).
- Socially at highest risk of dehumanization and civic impoverishment.
- Directly committed toward sharing a fully integrated and inclusive community.

The Council's purpose is to train a pyramid of citizens across Minnesota who will embody and transmit a progressive vision of quality of life. They will forge creative friendships, civic alliances, and community development.

The approach is to enhance personal competence, knowledge, judgment, participation in the political process, and public role models. New civic leaders will be groomed. They will join the ranks of existing community representatives and makers of policy. Together they will guide and influence our social and democratic institutions in every arena, at every level.

4.2.2 Goals and Objectives

The following activities are intended to fulfill the intent of P.L. 101-496, Sections 122(b)(2)(A) and 122(b)(5) (D)(i).

Strategy 1: To develop local and statewide leadership (people with disabilities, families, youth, civic leaders, and citizens) through state-of-the-art training, skill, and competency-based curriculum, and real community-based experience.

Strategy 2: To organize and sustain new civic networks, coalitions, alliances specifically to advance the full inclusion and economic independence of individuals with the most severe disabilities.

Strategy 3: To influence and change local, state, and federal laws, policies, regulations, service delivery, litigation, civic and social

values, and cultural images to:

- Promote full democratic participation, personal enfranchisement, command of meaningful choices, and resources.
- Eliminate deviancy-based segregation and exclusions, disincentives to the exercise of full participation in all our social institutions, and end the conditions that impose economic underdevelopment and impoverishment upon people with disabilities.

Activities and Objectives:

Related to Strategy 1: Partners in Policymaking and related projects have demonstrated that levels of skills for personal advocacy and citizen activism can be enhanced through effective training and related activities.

Partners in Policymaking will be used as the framework within which training will be designed and delivered to sustain intermediate and advanced capacity to promote more far reaching civic leadership accomplishments.

This training will promote constructive relations with public and private administrators, policymakers, and decision makers at all levels. It will include understanding the service system, internship, and mentor programs. These experiences will be geared toward preparing participants to eventually hold appointed or elected offices with local commissions, boards, councils, and other organizations which influence or wield power.

Related to Strategy 2: Networks, Coalitions, and Alliances will stimulate new alliances and working relationships to promote change in keeping with the principles of full inclusion and integration.

Grant recipients will be asked to take responsibilities for building meaningful and expanded networks of support and participation among the economic and civic institutions and enterprises of their communities.

Contractors must involve at least four or more of the following constituencies in planning policy, sharing power, sharing resources, submitting the proposal and delivery of the project's goals and objectives:

- High school students and their organizations.
- Local neighborhood/community organizations.
- People with disabilities and their families who are considered underserved or unserved.
- Private sector corporations that are major employers, represent a highly regarded community image, are sustainable, and represent models of needed commerce and industry; civic improvement; and

Justice William Brennan, speaking for the U.S. Supreme Court, in *School Board of Nassau County v Arline* wrote,

"Congress acknowledges that society's accumulated myths and fears about disability and disease are as handicapping as are the physical limitations that flow from actual impairment."

("Environmental barriers to rehabilitation" by Alan Gartner and Dorothy Kerzner Lipsky, in *Low Vision and Aging Newsletter*, February 1988)

development associations/organizations.

- Employee associations and trade unions.
- Recreation and tourism enterprises.
- Health, fitness and wellness institutions and enterprises.
- Arts and entertainment facilities and enterprises.
- Environmental/ecological improvement and safety enterprises.
- Postsecondary and university organizations.
- Philanthropic foundations.

Related to Strategy 3: Promotion of Participation, Enfranchisement, and Choice/Elimination of the Handicappist Legacy: Despite the bold statement of rights in the Americans with Disabilities Act of 1990, there still exists, formally and informally, at every level of public and private administration a body of dehumanizing and penalizing law, policy, and practice. These layers of custom and discrimination have created a "handicappist" legacy so compelling and universal that it has become second nature, economically ingrained, and irrationally defended.

A new consciousness is required to identify the words and references, statutes, requirements, resource inequities, omissions, and oversights in the environment that handicap people.

A new vitality and skill are required to successfully bring about emancipating changes that will uplift the entire population of Minnesota.

The Council accepts a leadership role to embrace the challenges of changing our culture in these ways, in the context of diversity.

Strategies for 1991/1992:

Three areas will receive priority attention in the period October 1, 1991 to September 30, 1992:

Partners in Policymaking will deliver 128 hours of leadership training in state-of-the-art services and influencing policymakers in terms of people with disabilities. The program responds to the nature of life for young parents and changes in the family, both of which, combined with a traditional lack of support for self-advocacy, have created a decline in advocacy and volunteer activity. The training program involves 30-35 persons over eight weekends. Participants acquire the following:

- A knowledge of state-of-the-art services.
- The ability to effectively represent the most appropriate state-of-the-art services to policy makers and shapers.
- A knowledge of organizations that are available to assist them in obtaining appropriate state-of-the- art services.

- A knowledge of funding and delivery systems, and how to change them.
- The ability to represent their interest and the interests of others to policymakers.

Additional leadership training for graduates of Partners in Policymaking and, after its development, graduates of the Youth Leadership programs (see below).

The activities are as follows:

- Approach graduates of all five classes of Partners in Policymaking to determine interest in participating.
- Complete an assessment.
- Prepare curriculum for these additional leadership sessions; and select instructors, based on experience and expertise, in the area of leadership.
- Offer training.

Youth Leadership and Self-Determination will provide junior/senior high school age youth with a value-based vision, information, training, experiential learning, and peer and role models that will increase:

- Life and career planning skills.
- Assertiveness skills.
- Leadership and organizing skills.
- Awareness of social justice and human service life styles.
- Interdependence/ full inclusion in school/community.

The development of this model will be flexible. The rate at which objectives are included by the contractor will depend on the availability of initial resources, and the ability to build in reliable private sector support at local and statewide levels. The youth project is also designed to fulfill the employment priority of Congress.

4.2.3 BUDGET DATA

State of Minnesota, Federal Fiscal Year: 1992

Table 5
Plan of Projected Total Funding by Priority Area and Mandated Activities

Priority Area and Mandated Activities	Total Projected Funding[1]
Federal:	
Employment[2]	$30,000
Community Living	0
Child Development	0
System Coordination/Community Education[3]	0
State:	
Leadership for Empowerment	671,902
Other Activities:	
Analyses [Section 122 (b) (5((B) (i-vii)].	
Implementation of 1990 Report	130,000

[1]Total projected funding includes both Federal and matching funds.

[2]See Section 5: Assurances.

[3]Case management is included in system coordination/community education.

Table 6
Basic State Grant Projected Funding Plan

Total Federal Funding for Designated State Agency $74,000.

Activities funded	Federal Share	Minnesota Share	Total Funding
Priority Area and Mandated Activities:			
In Non-Poverty Area	$623,926	$207,976	$831,902
In Poverty Areas	0	0	0
Other Activities:			
Planning Coordinator Advocacy	311,960	103,990	415,950
Designated State Agency Function	24,000	24,000	48,000
Total Projected Funding	**$959,886**	**$335,966**	**$1,295,852**

ASSURANCES

5.1
Program Related

5.1.1

The state assures that this state plan has been developed in consultation with the Minnesota Department of Administration, the designated state agency identified under Section 122(b)(1)(B).

5.1.2

The state assures that appropriate financial and technical assistance is provided to agencies or entities providing services for persons with developmental disabilities who are residents of geographical areas designated as urban or rural poverty areas. [Section 122(b)(5)(E) and 45 CFR 1386.30(a)]

5.1.3

The state assures that funds paid to the state under Section 125 of the Act will be used to make a significant contribution toward enhancing the independence, productivity, and integration into the community of persons with developmental disabilities. [Section 122(b)(4)(A) and 45 CFR 1386.30(a)]

5.1.4

The state assures that part of the funds paid to the state under Section 125 will be made available by the state to public and nonprofit private entities. [Section 122(b)(4)(B)]

5.1.5

The state assures that each program (including programs of any agency, facility, or project):

- Has in effect a habilitation plan for each person with developmental disabilities who receives services from or under the aegis of Basic State Grant Program.
- Establishes policies and procedures to review annually each habilitation plan in accordance with the procedures set forth in Section 123 of the Act. [Section 123 and 45 CFR 1386.30(e)]

5.1.6

The state assures that any services provided under the plan are provided in an individualized manner. [Section 122(b)(6)(B) and Section 123]

5.1.7

The state assures that the human rights of all people with developmental disabilities (expecially those without familial protection) who are receiving treatment, services, or habilitation under programs assisted

under Part B of the Act will be protected consistent with Section 110 (relating to the rights of persons with developmental disabilities). [Section 122(b)(6)(C) and 45 CFR 1386.30(e)(3)]

5.1.8

The state assures that it has undertaken affirmative steps to assure that participants in programs under this part of the Act are individuals generally representative of the population of the state, with particular attention to the participation of members of minority groups. [Section 122(b)(6)(D) and 45 CFR 1386.30(a)]

5.1.9

The state assures that the Governor's Planning Council on Developmental Disabilities prepares and approves a budget using amounts paid to the state under Section 125 to fund all activities and to hire such staff and obtain the services of such professional, technical, and clerical personnel (consistent with state law) as the Planning Council determines to be necessary to carry out its functions under Part B of the Act. [Section 124(c)(1)]

5.1.10

The state assures that this state plan provides for the maximum utilization of all available community resources, including volunteers serving under the Domestic Volunteer Service Act of 1973 and other appropriate voluntary organizations, to supplement services of paid employees. [Section 122(b)(7)(A) and 45 CFR 1386)

5.2 Administrative

5.2.1

The state assures that there is a system in place to keep records and that such system and procedures are readily accessible to the Secretary, U.S. Department of Health and Human Services, and to the Governor's Planning Council on Developmental Disabilities. [Section 122(b)(1)(C) and 45 CFR 1386.30(a)]

5.2.2

The state assures that such fiscal control and accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds are in place. [Section 122(b)(1)(D)]

5.2.3

The state assures that not more than 25 percent of the funds paid to the state under Section 125 will be allocated to the Minnesota Department of Administration, the designated state agency, to meet the requirements of Section 122(e) of the Act. [Section 122(b)(4)(C) and 45 CFR 1386.30(a)]

5.2.4

The state assures that funds paid to the state under Section 125 of the Act will be used to supplement and increase the level of funds that would otherwise be made available for the purposes for which federal funds are provided and not to supplant such nonfederal funds. [Section 122(b)(4)(D) and 45 CFR 1386.30(a)]

5.2.5

The state assures that there will be reasonable state financial participation in the cost of carrying out the state plan. [Section 122(b)(4)(E) and 45 CFR 1386.30(a)]

5.2.6

The state assures that programs and facilities operated under this state plan will meet federal regulatory standards. [Section 122(b)(6)(i) and 45 CFR 1386.30(a)]

5.2.7

The state assures that buildings used in connection with the programs assisted under this state plan will meet standards adapted pursuant to the Architectural Barriers Act of 1968. [Section 122(b)(6)(A)(ii) and 45 CFR 1386.30(a)]

5.2.8

The state assures that the state will provide the Governor's Planning Council on Developmental Disabilities with a copy of each annual survey report and plan of corrections for cited deficiencies prepared pursuant to Section (a)(32)(B) of the Social Security Act with respect to any intermediate facility for persons with mental retardation in thestate of Minnesota within 30 days after the completion of each such report or plan. [Section 122(b)(6)(E) and 45 CFR 1386.30(a)]

5.2.9

The state assures that, consistent with state law, the Governor's Planning Council hires a Director for the Planning Council who shall be supervised and evaluated by the Planning Council and who shall hire and supervise the staff of the Planning Council. [Section 124(c)(2) and 45 CFR(e)(4)]

5.2.10

The state assures that the staff and other personnel of the Governor's Planning Council on Developmental Disabilities, while working with the Planning Council, shall be responsible solely for assisting the Planning Council in carrying out its duties under the Act and shall not be assigned duties by the Department of Administration, the designated state agency, or any other agency or office of the state. [Section 124(c)(3)]

5.2.11

The state assures that this state plan was developed by the Governor's Planning Council on Developmental Disabilities in consultation with the Department of Administration, as designated under Section 122(b)(1)(B). [Section 124(d)(1)

5.2.12

The state assures that the Governor's Planning Council on Developmental Disabilities shall submit to the Secretary, through the Governor, such periodic reports on its activities as the Secretary may reasonably request, and keep such records, and afford such access thereto as the Secretary finds necessary to verify such reports. [Section 124(d)(4)]

Governor's Planning Council
on Developmental Disabilities
Department of Administration
300 Centennial Office Building
658 Cedar Street
St. Paul, MN 55155
612/296-4018
612/296-9962 TDD
612/297-7200 FAX

BEST COPY AVAILABLE